| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective November 10, 1998   |   |           |                         |                  |                        |              |                   |             |           | 09/439550             |         |                |                        |  |  |
|---|---|-----------|-------------------------|------------------|------------------------|--------------|-------------------|-------------|-----------|-----------------------|---------|----------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |           |                         |                  |                        |              |                   | SMAI<br>TYP |           | NTITY                 | OR      | OTHER<br>SMALL |                        |  |  |
| FC  | DR  |           | NUMBER FILED            |                  |                        | MBER         | EXTRA             | RATI        | E         | FEE                   | ] [     | RATE           | FEE                    |  |  |
| BASIC FEE   |   |           |                         |                  |                        |              |                   | -           | 380.00    | OR                    | •       | 760.00         |                        |  |  |
| TOTAL CLAIMS  |   |           | X                       | minus :          | 20= *                  |              |                   | X\$ 9       | =         |                       | OR      | X\$18=         |                        |  |  |
| INC   | EPENDENT CI   | LAIMS     | 1                       | minus            | 3 = *                  |              |                   | X39:        |           |                       | 1 1     | X78=           |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |           |                         |                  |                        |              |                   |             | ┪         |                       | OR      |                |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |           |                         |                  |                        |              |                   |             | <u> </u>  |                       | OR      | +260=          |                        |  |  |
|   |   |           |                         |                  |                        |              |                   | TOTA        | L         |                       | OR      | TOTAL          | 160.00                 |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST   |   |           |                         |                  |                        |              |                   | SMAL        | LE        | NTITY                 | OR      | OTHER<br>SMALL |                        |  |  |
| AMENDMENT A   | REM<br>AF   |           | AINING<br>TER<br>IDMENT |                  | NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE        | - 11      | ADDI-<br>FEE          |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | *         |                         | Minus            | **                     |              | =                 | X\$ 9:      | -         |                       | OR      | X\$18=         |                        |  |  |
|   | Independent   | dependent |                         | Minus            | ***                    |              | =                 | X39=        |           | ()                    | OR      | X78=           |                        |  |  |
|   | FINST PRESE   | NIAIIC    | N OF MI                 | JUIPLE DEF       | PENDENT                | CLAIM        |                   | +130:       | _         |                       | OR      | +260=          |                        |  |  |
| <i>i</i>  |   |           |                         |                  |                        |              |                   | ТОТ         | L         |                       | 1       | TOTAL          |                        |  |  |
|   |   | (Coli     | umn 1)                  |                  | (Colur                 | mn 21        | (Column 3)        | ADDIT. F    | EE L      |                       | OR ,    | ADDIT. FEE     |                        |  |  |
| AMENDMENT B   |   | CL        | AIMS<br>AINING          |                  | HIGH<br>NUM            | EST          |                   |             |           | ADDI-                 | . [     |                | ADDI-                  |  |  |
|   |   | AF        | TER                     |                  | PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA  | RATE        | - 11      | TIONAL<br>FEE         |         | RATE           | TIONAL                 |  |  |
|   | Total   | *         | ·                       | Minus            | **                     |              | =                 | X\$ 9=      | =         |                       | OR      | X\$18=         |                        |  |  |
|   | Independent   | *         |                         | Minus            | AAA                    |              | =                 | X39=        |           |                       | OR      | X78=           |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |           |                         |                  |                        |              |                   |             |           |                       |         | -000           |                        |  |  |
|   |   |           |                         |                  |                        |              |                   |             | E  <br>AL |                       | OR      | +260=          |                        |  |  |
|   |   |           |                         |                  |                        |              |                   |             | E         |                       | OR ,    | ADDIT. FEE     |                        |  |  |
|   |   |           | imn 1)<br>AIMS          | Light Control    | (Colur                 |              | (Column 3)        |             |           |                       | 6       |                |                        |  |  |
| AMENDMENT C   |   | AF        | AINING<br>TER<br>DMENT  |                  | NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE        |           | ADDI-<br>IONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | *         |                         | Minus            | **                     |              | =                 | X\$ 9=      |           |                       | OR      | X\$18=         |                        |  |  |
|   | Independent   | *         |                         | Minus            | ***                    |              | =                 | X39=        |           |                       | ŀ       | X78=           |                        |  |  |
|   | FIRST PRESE   | NTATIO    | N OF MU                 | JLTIPLE DEF      | PENDENT                | CLAIM        |                   | +130=       | ╁         |                       | OR      |                |                        |  |  |
| * 11  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |           |                         |                  |                        |              |                   |             |           |                       | OR      | +260=          |                        |  |  |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |           |                         |                  |                        |              |                   |             |           |                       |         |                |                        |  |  |
| ٦   | The "Highest Num  | ber Prev  | iously Pai              | f For" (Total or | Independe              | ent) is the  | highest number fo | und in the  | appro     | priate box            | in colu | ımn 1.         |                        |  |  |

Application or Docket Number